

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <input type="text"/> 11830	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / <input type="text"/> Through: <input type="text"/> / <input type="text"/> / <input type="text"/>
3. Name and address of person filing. Name <input type="text"/> Sam <input type="text"/> Sciamma	
P.O. Box, Bldg., Room No., if any <input type="text"/> Km 502	
Street <input type="text"/> 300 ASLARD AVE	
City <input type="text"/> Chicago	
State <input type="text"/> ZIP Code + 4 <input type="text"/> 606074	
5. Position in labor organization: <input type="text"/> Trustee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/>  7.b. Amount. <input type="text"/>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On  8-16-05  
Date

312 737-1354  
Telephone Number

Name of Person Filing <u>Sam Scionna Jr.</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

6. Name and address of Business (including trade name, if any).

Name Dowd Block & Bennett

Trade Name, if any: 19th Floor

P.O. Box, Bldg., Room No., if any:

Street 3 S Michigan

City Chicago

State IL ZIP Code + 4 60603

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Chicago Area IBFT Benefit Trust Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any: Rm 502

Street 300 S Ashland Ave.

City Chicago

State IL ZIP Code + 4 60607

9. Business deals with:

- a. Labor Organization  
 b. Trust  
 c. Employer

11.a. Nature of such dealing.

Provides legal service  
To funds & union

11.b. Approximate dollar value of such dealing: Approx 150,000

12.a. Nature of interest held or income received.

Holiday gift of  
Popcorn,  
approximately December

12.b. Amount.

27.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any:

Street

City

State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.
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